87 Nepperhan Ave Room 212 Yonkers, NY 10701

## CITY OF YONKERS NON-COMMERCIAL SOLICITATION LICENSE APPLICATION

Phone: 914-377-6808 Fax: 914-377-6811 Website:

www.YonkersNY.gov

#### INSTRUCTIONS FOR USING THIS FORM

#### **Please Note:**

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

### **Requirements:**

- 1. Application must be signed by the applicant before a Notary Public.
- 2. Submit proof that your organization has Sec. 501 (c) (3) charitable status. Provide the names, addresses, and phone numbers of the officers and directors of the organization.
- 3. Provide the purpose of the solicitation for which permission is sought, with the dates/times and the localities of the solicitation.
- 4. Provide copies of ID Cards issued by the organization that include the name, address and phone number of each solicitor, submitted with a personal photo ID, i.e., Driver or Non-Driver License, Passport.
- 5. Additional Licensing requirements may be necessary for any solicitations using minors between the ages of 14-18 years.
- 6. State whether or not any commissions, fees, wages, or emoluments are to be expended in connection with such noncommercial solicitation.
- 7. If soliciting for a political organization, provide card from Board of Elections certifying that they are on record.
- Complete lists of names of solicitors, location of solicitation, and dates/times of solicitation must be faxed to the
  corresponding precinct and to the Consumer Protection Bureau at least 2 business days prior to the
  solicitation. All solicitors listed must be pre-registered with the CPB.

## License valid only for dates and locations specified.

### NAME OF ORGANIZATION:

OFFICERS & DIRECTORS OF ORGANIZATION					
NAME	ADDRESS	PHONE #			
License #:	Date Issued: _	<del></del>			

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:	Social Security #:					
Address:						
City:		State:	Zip	:		
Home Phone #:		Cell #:				
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:		
Are you a citizen of the United States?						
If not, please provide a cop	oy of your I	NS A Card and	#:			
Organization Name:						
Organization Address:						
Purpose of Solicitation:						
Describe your method of s	olicitation:					
Will any commissions, fees	s, or emolu	ments be expe	nded in connection	with solicitation?		
State requested dates and	I times of s	olicitation:				
Requested location(s) of s	olicitation:					
Have you ever been arrested or convicted of a crime?						
If yes, explain on additiona	al sheet.					

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I,answers in the foregoing application are true.	, being duly sworn, deposes and says that all of the
Signature/Date:	Print name:
Notary Public	